

FILED MAR 21 1950

STANDARD CERTIFICATE OF DEATH

10005

State File No.

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3088</u>		Registrar's No. <u>361</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>88</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		d. STREET ADDRESS (If rural, give location) <u>200 No. 6th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 No. 6th St</u>				d. STREET ADDRESS (If rural, give location) <u>200 No. 6th St</u>			
3. NAME OF DECEASED (Type or Print) <u>Gustav</u>		a. (First) <u>Gustav</u>		b. (Middle) <u>Mische</u>		c. (Last) <u>Mische</u>	
4. DATE OF DEATH <u>March 6 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 17 1862</u>		9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>88</u>		11. DAYS <u>88</u>	
12. HOURS <u>88</u>		13. MIN. <u>88</u>		14. BIRTHPLACE (State or foreign country) <u>Warren County</u>		15. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		17. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		18. FATHER'S NAME <u>Fred Mische</u>		19. MOTHER'S MAIDEN NAME <u>Emma Toedemann</u>	
20. NAME OF HUSBAND OR WIFE <u>Augusta Debertshauser</u>		21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		22. SOCIAL SECURITY NO. <u>None</u>		23. INFORMANT'S SIGNATURE OR NAME <u>Augusta Mische</u>	
24. ADDRESS <u>200 No. 6th St St Charles, Mo</u>		25. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u></u>		26. ANTECEDENT CAUSES <u>Gen. arterio sclerosis</u>		27. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
28. *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		29. DUE TO (b) <u>Gen. arterio sclerosis</u>		30. DUE TO (c) <u>Gen. arterio sclerosis</u>		31. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
32. DATE OF OPERATION <u>3/10/50</u>		33. MAJOR FINDINGS OF OPERATION <u>4200</u>		34. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		35. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
36. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		37. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>St Charles</u>		38. STATE <u>Mo</u>		39. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/6/1950</u>	
40. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		41. HOW DID INJURY OCCUR? <u>Slip</u>		42. I hereby certify that I attended the deceased from <u>3/5/1950</u> , to <u>3/6/1950</u> , that I last saw the deceased alive on <u>3/6/1950</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.		43. SIGNATURE <u>R. J. Budde</u> (Degree or title) <u>M.D.</u>	
44. ADDRESS <u>126 So. Main St. St. Charles, Mo.</u>		45. DATE SIGNED <u>3/10/50</u>		46. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		47. DATE <u>March 9 1950</u>	
48. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		49. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>		50. DATE REC'D BY LOCAL REG. <u>3/14/50</u>		51. REGISTRAR'S SIGNATURE <u>James H. Hume</u>	
52. FUNERAL DIRECTOR'S SIGNATURE <u>Wickham</u>		53. ADDRESS <u>St Charles Mo</u>		54. DATE <u>3/14/50</u>		55. REGISTRAR'S SIGNATURE <u>James H. Hume</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 18 1956
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3145

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.